



Dep S Ref
PATENT MAINTENANCE
DIVISION 307
SAC Form: (201)
Docket No. 1293.1942

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE 2004 SEP 17 AM 10:36

In re Patent Application of:

Nam-Jeong LEE, et al.

Application No.: 10/681,324

Group Art Unit: 1756

Confirmation No.: 3367

Filed: October 9, 2003

Examiner:

For: COMPOSITION FOR OVERCOAT LAYER OF ORGANOPHOTORECEPTOR,
ORGANOPHOTORECEPTOR MANUFACTURED BY EMPLOYING THE SAME AND
THE ELECTROPHOTOGRAPHIC IMAGING APPARATUS CONTAINING THE SAME

REQUEST FOR REFUND TO DEPOSIT ACCOUNT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a copy of a monthly statement of Deposit Account (dated March 31, 2004) showing charges of 458.00 and 20.00 related to the above-referenced application. Both charges are marked with Fee Code 1202, which relate to the Patent Office Fees for filing Total Extra Claims. However, no such Total Extra Claims was ever requested by the undersigned.

Accordingly, it is respectfully requested that this charge be re-credited to Deposit Account No. 19-3935 and that the Patent Office acknowledge this credit in writing to the undersigned.

Respectfully submitted,

STAAS & HALSEY LLP

BY:

Michael D. Stein
Registration No. 37,240

548.00

Date: 9/10/04

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Washington, D.C. 20005
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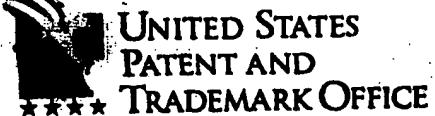
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DATE POSTED	CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEI CODE	CHARGES/ CREDITS	BALANCE
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3	1	04	106	09637596	826.1615	1201 86.00 18507.00
3	1	04	107	09637596	826.1615	1251 110.00 18397.00
3	1	04	123	09725469	1344.1049 (J	1251 110.00 18287.00
3	2	04	38	5144215	0884.1008	1253 3220.00 15067.00
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3	4	04	130	10713155	9204	-18.00 14473.00
3	5	04	1	09017329	1083.1049/JD	1201 86.00 14387.00
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3	9	04	182	10792630	1594.1346	1001 770.00 12468.00
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3	12	04	104	09406087	1341.1030-JD	1202 54.00 10730.00

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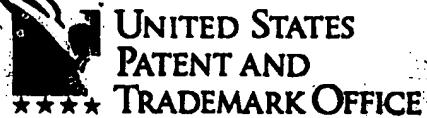
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3 12 04	109	10359612	123-1259-DC	1253	950.00	9708.00
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3 12 04	184	09986922	1082-1040	1253	950.00	8406.00
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3 17 04	2	10732819		1001	770.00	7188.00
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3 24 04	84	10805312		9204	-4.00	20688.00
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3 30 04	33	10681324	10681324	1203	290.00	16338.00
3 31 04	5	10180342	10180342	1251	110.00	16228.00
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OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
16628.00	19324.00	15512.00	15812.00

CLAIMS ONLY						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP	
	IND	DEP	IND	DEP	IND	DEP							
1	/						51						
2		/					52						
3		/					53						
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TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	65						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>28</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>68</i>	minus 20= * <i>48</i>
INDEPENDENT CLAIMS	<i>3</i>	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	395.00
X\$ 9=	
X44=	
+150=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	790.00
X\$18=	<i>864</i>
X88=	
+300=	
TOTAL	

SMALL ENTITY
OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
X44=	
+150=	
TOTAL ADDT. FEE	

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$18=	
X88=	
+300=	
TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X44=	
+150=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X88=	
+300=	
TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus		
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
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+150=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X88=	
+300=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.